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APPLICANTS

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** CONTINUING DATA ***** *NONE TSP*

** FOREIGN APPLICATIONS ***** *NONE TSP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *10/11/04*

ADDRESS
 Legal Department
 Teradyne, Inc.
 321 Harrison Avenue
 Boston, MA
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TITLE
 Compact ate with time stamp system

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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